

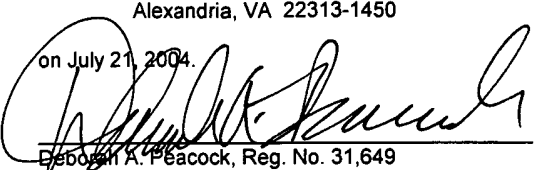


2875
Application No. 09/992,131

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on July 21, 2004.


Deborah A. Peacock, Reg. No. 31,649

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/992,131
Applicant : Fred J. Pinciario
Filed : November 15, 2001
Title : CHEMILUMINESCENT JEWELRY AND ACCESSORIES

TC/A.U. : 2875
Examiner : Sharon E. Payne

Docket No. : 31049-1001

Commissioner for Patents
United States Patent and Trademark Office
PO Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Dear Sir:

In response to the Office Action dated April 21, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Drawings begin on page 10 of this paper and include an attached replacement sheet.

Remarks/Arguments begin on page 11 of this paper.

07/27/2004 MBLANCO 00000050 09992131

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378.00 OP



Filed in Duplicate
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Fred J. Pinciario

Serial No.: 09/992,131

Filed: November 15, 2001

For: CHEMILUMINESCENT JEWELRY AND
ACCESSORIES

Examiner: Sharon E. Payne

Group Art Unit: 2875

AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment for the above application.

X Applicant is a small entity (claimed under 37 CFR 1.27)
____ A Petition for Extension of Time accompanies this filing.
____ Also enclosed is/are _____.

CALCULATION OF ADDITIONAL CLAIM AND/OR EXTENSION FEES

	Remaining CLAIMS: after Amendment		Highest No. Previously Paid For	Present Extra	ENTITY RATE Small OR Large		FEE RATE
TOTAL	92	MINUS	50	42	x \$9	=	\$378
					x \$18	=	\$
INDEP.	3	MINUS	3	0	x \$42	=	\$
					x \$84	=	\$
First Presentation of Multiple Dep. Claim					+ \$140	=	\$
					+ \$280	=	\$

EXTENSION FEES (One month = \$55 OR \$110, Two months = \$200 OR 400, Three months = \$460 OR \$920)
MONTH(S)= \$

TOTAL \$378

A check in the amount of \$378 is attached.

____ Check includes extension of time fee.

X No extension of time is required, check is for claim fees only.

For the Commissioner's convenience this transmittal is submitted in duplicate. If any additional fee is required, please charge our Deposit Account No. 13-4213. Please refund any overpayments.

Dated: July 21, 2004

By:

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Deborah A. Peacock, Reg. No. 31,649

7/21/04 (date)